



MIAMI BEACH



EMPLOYMENT APPLICATION - NON-CERTIFIED POLICE OFFICER (Police Officer Trainee)

ALL APPLICATIONS ARE PUBLIC RECORD. All applications must be **RECEIVED no later than 5:00 p.m. on December 15, 2006**. THE CITY OF MIAMI BEACH IS AN EQUAL OPPORTUNITY/DRUG FREE EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF AGE, CITIZENSHIP, COLOR, RACE, DISABILITY, GENDER, MARITAL STATUS, NATIONAL ORIGIN, RELIGION, OR SEXUAL ORIENTATION. If you are disabled and require special accommodations during recruitment, testing or any phase of the hiring process, it is the applicant's responsibility to notify the City as soon as possible. The City will make every effort to provide reasonable accommodations. **COMPLETE ENTIRE APPLICATION - DO NOT LEAVE ANY BLANKS - PRINT CLEARLY**

Social Security Number		Date		
Last Name	First Name	Middle Name		
Mailing Address	APT. #	City	State	Zip Code
Home Telephone	Work Telephone	Beeper	Other Phone	
() - () - ()	() - () - ()	() - () - ()	() - () - ()	
Email Address:				

COMPLETE ENTIRE APPLICATION - DO NOT LEAVE ANY BLANKS - PRINT CLEARLY

Please check the appropriate YES/NO answer:

Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will you be at least 19 years of age by 12/15/2006? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a United States Citizen, or have applied for Citizenship by 12/15/2006? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you taken and passed the Criminal Justice Basic Abilities Test (CJBAT) on or after 11/19/2005? <input type="checkbox"/> YES <input type="checkbox"/> NO
Did you obtain a regular high school diploma or equivalent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you taken Test of Adult Basic Education (TABE), Level A on or after 11/19/2005, received score of 11.0 or more (all sections), have Associate's or higher, or 60 credit hours at college level? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently enrolled in a State of Florida Basic Law Enforcement, Cross-Training or Equivalency Class? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, Training Center _____ Class # _____ Graduation Date _____	
Have you applied for the position of Police Officer/Police Officer Trainee with the City of Miami Beach in the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, Date _____ Results _____	
Have you ever been employed by the City of Miami Beach? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give dates of employment: from _____ to _____	

VETERAN'S PREFERENCE

Completion of the Veteran's Preference Claim section is made on a voluntary basis and kept confidential in accordance with the American with Disabilities Act. Listed below are the five Veteran's Preference categories.

1. A veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement benefits, or pension under public laws administered by the Veteran's Affairs and /or the Department of Defense, **OR**
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or spouse of a veteran missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power, **OR**
3. A veteran of any war who has served at least one day or more during a wartime era; and who was discharged or separated there from under honorable conditions from the Armed Forces. Active-duty for training is not allowable, **OR**
4. An employee in a covered position who leaves employment to serve in the Armed Forces and is separated with an honorable discharge, and is reinstated within one year of the date of separation from the military service is entitled to veteran's preference on their first promotion following reinstatement, **OR**
5. The un remarried widow or widower of a veteran who died of a service-connected disability.

Documentation (DD form 214 (Member-4) or letter from the Florida Department of Veterans' Affairs or Department of Defense indicating service-connected disability) substantiating your claim must be submitted at the time of application. In addition, applicants claiming categories 1, 2, or 5 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Under the State of Florida Veterans' Preference Law, preference in appointment shall be given by the State of Florida and its political subdivisions to those persons in categories 1 and 2 and then those in categories 3 and 5. Retired military personnel are eligible.

If any applicant claiming Veterans' Preference for a vacant position is not selected for the position, they may file a complaint with the Florida Department of Veterans' Affairs, Post Office Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employer or within three months of the date the application is filed with the employer if no notice is given.

VETERAN'S PREFERENCE CLAIM

IF ELIGIBLE, WHICH VETERAN'S PREFERENCE CATEGORY ARE YOU CLAIMING? (Please Circle Appropriate Number) 1 2 3 4 5

BRANCH OF SERVICE: _____ DATE OF ENTRY: _____ DATE OF DISCHARGE: _____ TYPE OF DISCHARGE: _____

In the State of Florida, have you been employed by a State University, Community College, School for the Deaf or Blind, or by a Political Subdivision (Counties, Cities, Towns, Villages, Special Tax School Districts, Special Road and Bridge Districts, and all other Districts)? ☐ Yes ☐ No

IF YES: Name of the State and/or State political subdivision employer(s): _____

Dates of Employment: Start Date: _____ End Date: _____

Employment Status: Full Time: _____ Part-time: _____ Temporary: _____

CERTIFICATION: I hereby certify that all statements made on this form are true to the best of my knowledge. I realize that should an investigation disclose any misrepresentation, I may be subject to dismissal. Veteran's Preference applies only for the preferred applicant's initial employment by a covered employer; I understand that my Veteran's Preference status may be subject to change in the event that information is obtained which affects my preference determination. Previous employment with a governmental entity within the State of Florida will cause the veteran's preference to expire.

Date: _____ Signature: _____

OFFICE USE ONLY: VETERAN'S PREFERENCE RATING: (NONE) (5 POINTS) (10 POINTS DISABILITY) (30% OR MORE DISABILITY)

DRIVER'S LICENSE INFORMATION

Driver's License Number: _____		State Issued: _____	Date Issued: _____	Expiration Date: _____
Class A: _____ Class B: _____ Class C: _____ Class D: _____ Class E: _____ (Regular)		Safe Driver? <input type="checkbox"/> YES <input type="checkbox"/> NO	Any Restrictions?	
Any Endorsements? _____				
<p>List all convictions for any violations of the law. Also, include any offenses to which you pled not guilty or Nolo Contendere after July 1, 1981, regardless of suspension of sentence or withholding of adjudication. List all traffic tickets for moving violations received in the last three years. Some convictions do not operate as automatic bars to appointment. Circumstances such as: the nature, severity, date, and job relatedness of offense(s), and the subsequent work history and efforts at rehabilitation are considered. IF NONE, WRITE "NONE". DO NOT LEAVE ANY BLANKS. USE ADDITIONAL SHEETS IF NECESSARY.</p>				
OFFENSES AND TICKETS	PLACE (CITY & STATE)	DATE	DISPOSITION/FINE	

AUTHORIZATION AND RELEASE OF BACKGROUND INVESTIGATION

I hereby **CONSENT** for any duly authorized representative of the City of Miami Beach Police Department or Human Resources and Risk Management Department or Representative bearing this release or a copy thereof to obtain any information or records from persons, corporations, agencies, associations, institutions or organizations as may be relevant and necessary to determine my fitness and suitability for employment consideration with the City of Miami Beach for the above classification.

Such information and records may include, but are not limited to, those pertaining to abilities, affiliations, character, credit and finances, education, employment, family, insurance, judicial and law enforcement records, memberships, military, and motor vehicle operation and traffic history.

I hereby **AUTHORIZE** and direct you to release such information and records upon request to bearer. This authorization is executed with full knowledge and understanding that:

- Records and information disclosed shall be for official evaluation of my employment application by the City of Miami Beach and are used as selection criteria **ONLY** where related to performance of the job for which I have applied.
- The City of Miami Beach will take measures to protect the aforementioned information and records against unauthorized disclosure.
- Certain non-exempt portions of the background investigation process may be made available for inspection by third parties pursuant to the public records and other laws.

I hereby **RELEASE** the custodian of such records, including the City of Miami Beach and aforementioned persons, corporations, agencies, associations, institutions, organizations, and their employees, agents, and representatives, both individually and collectively, from any and all liability for damages by me, my heirs, family, or associates resulting from lawful compliance or any attempts at lawful compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

I certify that all of the information on this application and on documents submitted is true, accurate and complete to the best of my knowledge. I understand that all information and documents are subject to investigation and that exaggeration, falsification, misrepresentation, or omission is sufficient cause for disqualification, immediate dismissal from the City service and/or disqualification from applying for any position in the service of the City of Miami Beach. I also certify that I understand all information on the job announcement and that this application and accompanying documents are considered to be public records unless otherwise exempt under Chapter 119, Florida Statutes.

I understand that it is my responsibility to keep my address and telephone number(s) updated with the Human Resources and Risk Management Department. If I cannot be contacted, I may forfeit my eligibility for employment.

APPLICATION MUST BE COMPLETED, NOTARIZED, AND SUBMITTED TO BE ELIGIBLE TO CONTINUE IN THE RECRUITMENT PROCESS

By signing this document, I certify, under penalty of perjury, that all information in this application is true, accurate, and complete to the best of my knowledge. I understand that all information is subject to investigation and that exaggeration on, omission, falsification, or misrepresentation is sufficient cause for disqualification, immediate dismissal from City service, and/or disqualification from applying for any position with the City of Miami Beach. I am also attesting that I meet the minimum requirements as stated on the job announcement, pre-screen questionnaire, and that I have received and am responsible for reading, knowing and complying with the information contained in the Applicant Information Handbook.

Date: _____ Social Security Number: _____

Applicant Name-Please Print: _____ Applicant Signature: _____

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BY ME THIS _____ DAY OF _____ 2006, BY _____ WHO IS PERSONALLY KNOWN TO ME, OR WHO HAS PROVIDED _____ AS IDENTIFICATION, AND DID / DID NOT TAKE AN OATH.

(SIGNATURE OF PERSON TAKING ACKNOWLEDGEMENT)

NOTARY SEAL

Mail applications to:
City of Miami Beach
Human Resources and Risk Management Department
Attn: Non-Certified Police Officer Recruitment
1700 Convention Center Drive
Miami Beach, FL 33139

We recommend that applications sent by mail have Delivery Confirmation from the United States Postal Service. Use the fluorescent green Delivery Confirmation label, PS Form 152. Delivery Confirmation is the United States Postal Service low cost option which gives applicants the date, zip code, and time the application was delivered. Applicants can confirm delivery information by phone or through the internet with the Track & Confirm tool of the United States Postal Service. Applicants can also use the Certified Mail, however, **DO NOT REQUEST A RETURN RECEIPT.**

TO APPLY IN PERSON, REFER TO THE JOB ANNOUNCEMENT FOR LOCATIONS AND TIMES.

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THE FOLLOWING INFORMATION IS USED TO COMPLY WITH FEDERAL EQUAL OPPORTUNITY REPORTING REQUIREMENTS AND IS NEITHER A PART OF YOUR APPLICATION NOR HAS ANY BEARING ON YOUR CONSIDERATION FOR EMPLOYMENT.

Gender: ☐ Female ☐ Male

Ethnic Origin: Check Only One (1)

- ☐ **White:** (Not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North America, North Africa or the Middle East.
- ☐ **African-American/Black:** (Not of Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.
- ☐ **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, Samoan Islands and the Philippine Islands.
- ☐ **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Referral Source: Check Only One (1)

- | | | |
|--|--|---|
| <input type="checkbox"/> City Website (JA) | <input type="checkbox"/> 911hotjobs.com (HJ) | <input type="checkbox"/> Hola Amigos (HA) |
| <input type="checkbox"/> Notification Card (NC) | <input type="checkbox"/> New Times (NT) | <input type="checkbox"/> The Wire (TW) |
| <input type="checkbox"/> City Employee (CE) | <input type="checkbox"/> Florida Police Chiefs Assoc. (FP) | <input type="checkbox"/> Criminal Justice Training Center (CJ) – Please Specify: _____ |
| <input type="checkbox"/> Friend (F) | <input type="checkbox"/> Lawenforcementjobs.com (LEJ) | <input type="checkbox"/> University Career Center (UC) – Please Specify University: _____ |
| <input type="checkbox"/> Miami Herald (MH) | <input type="checkbox"/> Miami Times (MT) | <input type="checkbox"/> Other (O) - Please Specify: _____ |
| <input type="checkbox"/> El Nuevo Herald (EH) | <input type="checkbox"/> Militaryhire.com (MH) | |
| <input type="checkbox"/> Sun Sentinel (S) | <input type="checkbox"/> Policeemployment.com (PE) | |
| <input type="checkbox"/> Palm Beach Post (PB) | <input type="checkbox"/> Tiempo Nuevo (TN) | <input type="checkbox"/> Craig's List (CL) |
| <input type="checkbox"/> Walk In (WI) | <input type="checkbox"/> Vetjobs.com (VJ) | |
| <input type="checkbox"/> Int'l Assoc. of Chiefs of Police (IA) | <input type="checkbox"/> Career Builder (CB) | |
| <input type="checkbox"/> NOBLE (NO) | <input type="checkbox"/> Work South Florida (WSF) | |
| <input type="checkbox"/> PERF (PF) | <input type="checkbox"/> Sun Post (SP) | |

CITY OF MIAMI BEACH APPLICANT AGREEMENT TO URINALYSIS AND OTHER SELECTION PROCESSES FOR POLICE OFFICER

I freely and voluntarily agree and consent to submitting to the collection of a urine sample; to the analysis for evidence of illegal drugs, controlled substances, and/or their metabolites; and to the disclosure of the analysis results to the City of Miami Beach and the Florida Criminal Justice Standards and Training Commission (CJSTC).

I understand that this test is a pre-condition of my employment for the above classification. If this test is positive, I also agree and consent that these results will be retested to confirm trace material in the urine. Positive results of a second test will be certified in writing to the City of Miami Beach and the CJSTC by the party conducting the urinalysis and shall preclude my employment for the above position.

I also understand that this testing for controlled substance usage is only part of the overall evaluation process and not the only basis for my evaluation and/or acceptance for employment. I consent to submitting to other selection processes which may include: a thorough background investigation, medical and mental health evaluation, and/or polygraph as stated on the job announcement or in the Applicant Information Handbook; in addition to fingerprint processing and other means as deemed necessary and proper by the City of Miami Beach to complete its investigation as to my fitness and suitability for the classification for which I have applied. I thoroughly understand that I must successfully complete the above-mentioned processes.

QUALITY OF APPLICATION: I further understand that I must complete this entire application. I must answer all questions and I must not leave any blanks. If my application is incomplete or illegible, I can be disqualified. I also understand that during the hiring process, the City will need to contact me by mail and by telephone by way of the information I am providing. It is my responsibility to make sure the information is correct, complete, and clearly legible. The City will not attempt to contact me to correct, complete, or clarify the information I am providing. If the City is unable to contact me for any reason, including, but not limited to, because the information I am providing is inadequate, I can be disqualified. Since the testing and hiring process will be moving quickly, I must respond to any correspondence or telephone calls within 24 hours.

RETURN OF APPLICATIONS: Applications may be submitted at any of the recruitment sites during the times and dates stated on the job announcement. Applications will be accepted by mail on the specific Police Officer application form if properly completed and received by the Human Resources and Risk Management Department at 1700 Convention Center Drive, Miami Beach, FL 33139 by the closing time and date as stated in the job announcement. Improperly completed applications can be disqualified.

By signing this document I certify, under penalty of perjury, that all the information on this application is true, accurate, and complete to the best of my knowledge. I understand that all information is subject to investigation and that exaggeration, omission, falsification, or misrepresentation is sufficient cause for disqualification, immediate dismissal from City service, and/or disqualification from applying for any position with the City of Miami Beach. I am also attesting that I meet the minimum requirements as stated on the job announcement and I have received an Applicant Information Handbook. I acknowledge that I am responsible for reading, knowing and complying with the information contained therein.

I understand that I must:

- Be at least 19 years of age by December 15, 2006, and be a standard high school graduate or its "equivalent"
- Be a United States citizen prior to appointment, or have applied for citizenship by December 15, 2006.
- Pass the Physical Agility Test (PAT), Criminal Justice Basic Abilities Test (CJBAT), and Test of Adult Basic Education (TABE) (unless otherwise excluded by having at least 60 college credits or an Associate's degree)

Applicant Signature

Date

FOR CURRENT CITY OF MIAMI BEACH EMPLOYEES: I hereby acknowledge that I have read and understand the aforesaid agreement. I fully and completely understand that if, as a City employee, I test positive for the above referenced controlled substances or metabolites, I will automatically be disqualified for the above position and may be subject to disciplinary action from the City of Miami Beach, including termination of employment with the City of Miami Beach from my current position.

Miami Beach Employee Signature

Date